

STOP NOTICE

DSB-0003 (REV. 4/94)

DO NOT USE THIS SPACE

CLAIM NO. _____

FILED _____

CONTRACT NO. _____

TO: DIRECTOR, DEPARTMENT OF TRANSPORTATION
 c/o DIVISION OF ACCOUNTING CONTRACTOR PAYMENT UNIT
 P.O. BOX 942873, ZIP 94273-0001
 1801-30TH STREET, EAST BUILDING
 SACRAMENTO, CA 95816

NAME (Claimant, print clearly) _____

BUSINESS ADDRESS (Street or P.O. Box) _____

CITY _____	STATE _____	ZIP CODE _____
AGAINST (Party who directly ordered your labor, services, equipment or materials) _____		AMOUNT CLAIMED \$ _____

NOTICE IS HEREBY GIVEN, That the above named claimant hereby presents a verified statement of claim under and by virtue of the provisions of Section 3181 of the California Civil Code and a contract between the State of California and

_____ Contract No. _____
 (Name of prime contractor)

for the construction of a section of state highway in _____ County,

District _____, Route _____, or for the construction of _____

_____ for
 (Give location and general description of building, or improvements or repairs there to, etc.)

 (General description of the labor, services, equipment, and/or materials performed or furnished)

IMPORTANT. PLEASE COMPLETE

- a. Do you have a direct contractual relationship with the prime contractor? ☐ Yes ☐ No
- b. Is the claim for ACTUAL LABOR for wages owing claimant? ☐ Yes ☐ No

If the answer to both questions above is NO, please complete the following:

- a. On what date did you first furnish labor, services, equipment, and/or materials? _____ 19____
- b. Within 20 days of that date, did you serve a preliminary notice under Civil Code Section 3098
1. On the prime contractor? ☐ Yes ☐ No
 2. On the Department of Transportation? ☐ Yes ☐ No

PLEASE NOTE: Other side of form must be completed.

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That the total value of labor, services, equipment, and/or materials agreed

to be performed or furnished by claimant is _____

\$ _____

That the value of labor, services, equipment, and/or materials so performed

or furnished as of the date of this notice is _____

\$ _____

That such claim has not been paid, except that there has been paid thereon

the sum of _____

\$ _____

That there remains unpaid which is due this claimant

and unpaid _____

\$ _____

VERIFICATION

I, the undersigned, say that I am the person named as claimant or representative in the foregoing claim; that I have read the same and know the contents thereof; that the same is true; and that it contains, among other things, a correct statement of my demand. I declare under penalty of perjury that the foregoing is true and correct.

Executed on this _____ day of _____, 19 _____

at _____, State of California.
(City)

SIGNATURE (Claimant or Representative)

NAME OF FIRM

BUSINESS ADDRESS (Street or P.O. Box)

CITY

STATE

ZIP CODE

BUSINESS PHONE

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